

**THE MCKINNOR GROUP  
MEMORANDUM**

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CITY OF TORRANCE  
CITY CLERK'S OFFICE

**Original to:** Secretary of State  
**From:** Tina McKinnor  
**Subject:** F410  
**Committee:** Torrance Voters PAC to Support Pat Furey or Mayor 2014  
**Date:** April 18, 2014

Enclosed for filing please find the following form(s):

Torrance Voters PAC to Support Pat Furey or Mayor 2014 – F410 – Amendment  
Torrance Voters PAC to Support Pat Furey or Mayor 2014 – F462

Please conform the face page(s) and return to the undersigned in the enclosed self addressed stamped envelope.

Thank you for your assistance

Cc: City of Torrance ✓

**The McKinnor Group**  
**Tina McKinnor**  
Treasurer

4001 Inglewood Ave., Bldg. 101, Ste. 162  
Redondo Beach, CA 90278

Phone: 310-245-0243  
ttreasurer@outlook.com

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

**Statement Type**

☐ Initial

Not yet qualified ☐ or

☒ **Amendment**

List I.D. number:

# 1363189

4 / 1 / 14  
Date qualified as committee  
(If applicable)

☐ **Termination - See Part 5**

List I.D. number:

#

Date of Termination

RECEIVED

Date Stamp

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CITY OF TORRANCE  
CITY CLERK'S OFFICE

CALIFORNIA  
FORM 410

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Torrance Voters PAC to support Pat Furey for Mayor 2014

STREET ADDRESS (NO P.O. BOX)

3740 Santa Rosalia Dr., Unit 208

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90008	310-245-0243

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

ttreasurer@outlook.com

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Tina McKinnor

STREET ADDRESS (NO P.O. BOX)

3740 Santa Rosalia Dr., Unit 208

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90008	310-245-0243

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

Richard F. Roesch

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Escondido	CA	92027	

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4-4-14

DATE

Executed on 4-4-14

DATE

Executed on

DATE

Executed on

DATE

By [Signature] OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM **410**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Torrance Voters PAC to support Pat Furey for Mayor 2014

I.D. NUMBER

## 4. Type of Committee

 Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE		BANK ACCOUNT NUMBER	
Wells Fargo Bank		323-468-3000		[REDACTED]	
ADDRESS		CITY		STATE	ZIP CODE
1600 Vine St.		Los Angeles		CA	90028

### Primarily Formed Committee

 Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Pat Furey	Sought, Mayor, City of Torrance	SUPPORT	OPPOSE
		<input checked="" type="checkbox"/>	
		SUPPORT	OPPOSE